

### Topic Description

This federally required topic provides information about physical and chemical restraint utilization.

### Learning Objectives:

- Define physical and chemical restraints
- Recall risks and complications associated with restraint use
- Identify restraint alternatives

### Resident Rights

The patient has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the patient's medical symptoms. When the use of restraints is indicated, the Center **must use the least restrictive alternative for the least amount of time** and document ongoing reevaluation of the need for restraints.

Family and/or patient representatives CANNOT request the use of a restraint. Restraints can ONLY be used to treat a medical symptom.

### Physical Restraints vs. Chemical Restraints

Physical Restraints: Any manual method or physical or mechanical device, material or equipment attached or adjacent to the patient's body that the patient **cannot remove easily**, which restricts freedom of movement or normal access to one's body. Examples include: full side rails/bed rails, wheelchair seat belts, Geri-Chairs with locked tabletops.

Chemical Restraints: Any drug that is used for discipline or convenience and not required to treat a medical symptom. A medication is considered a chemical restraint when it is intentionally given to exert control over a patient's movements or behavior.

### Risks and Complications Associated with Use of Restraints

Restraints limit mobility and increase the risk for a number of adverse outcomes such as functional decline, agitation, diminished sense of dignity, depression, and pressure injuries.

Although restraints have been traditionally used as a fall prevention approach, they have major drawbacks and can contribute to serious injuries. Falls do not constitute a medical symptom supporting the use of physical restraints. There is no evidence that the use of physical restraints, including but not limited to side rails, will prevent, reduce, or eliminate falls. In fact, in some instances, reducing the use of physical restraints may actually decrease the risk of falling.

Additionally, falls that occur while a person is physically restrained often result in more severe injuries.

### Restraint Alternatives

Interventions that the facility might incorporate in care planning which serve as alternatives to restraints include:

- o Providing restorative care to enhance abilities to stand, transfer, and walk safely;

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- o Providing a device such as a trapeze to increase a patient's mobility in bed;
- o Placing the bed lower to the floor and surrounding the bed with a soft mat;
- o Equipping the patient with a device that monitors his/her attempts to arise;
- o Providing frequent monitoring by staff with periodic assisted toileting for patients who attempt to arise to use the bathroom;
- o Furnishing visual and verbal reminders to use the call bell for patients who are able to comprehend this information and are able to use the call bell device; and/or,
- o Providing exercise and therapeutic interventions, based on individual assessment and care planning, that may assist the patient in achieving proper body position, balance and alignment, without the potential negative effects associated with restraint use.

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## Knowledge Check

1 The patient has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

- A. True
- B. False

2. A chemical restraint is any manual method or physical or mechanical device, material or equipment attached or adjacent to the patient's body that the patient cannot remove easily, which restricts freedom of movement or normal access to one's body.

- A. True
- B. False

3. All of the following are examples of physical restraints except:

- A. Hand mitts
- B. Lap cushions
- C. Medications
- D. Side Rails/ Bed Rails

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